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APPLICANTS	***************************************							•		
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** CONTINUING DATA **********************************										
** 11/14/2003 Foreign Priority claim	ed	☑ <sub>yes</sub> ⊠ <sub>no</sub>	***************************************	***************************************	************	***************************************		***********	***************************************	
35 USC 119 (a-d) conditions		yes no Met af	ter	STATE OR	SHEETS		TOTAL		INDEPENDENT	
met Verified and Acknowledged Exa		Allowance Allowance I aminer's Signature I	nitials	COUNTRY CA	DR	3		IMS	CLAIMS 1	
ADDRESS 24201 FULWIDER PATTON LEE & UTECHT, LLP HOWARD HUGHES CENTER 6060 CENTER DRIVE TENTH FLOOR LOS ANGELES, CA 90045										
TITLE							•			
Intravascular stent										
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